LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit
SEWAGE SYSTEM REPAIR
SEPTIC REPAIR

No. 98390058501

Issued 06/17/98
Expires 12/17/98
Revenue Code 3157

PAID

FEES: $50.00

Establishment
GENE WALLIN
T10N R8E SEC 9 QTR NE
4201 N 148 ST

Permittee
GENE WALLIN
4201 N 148 ST
LINCOLN NE 68527-9710

TOTAL $50.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007631

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

RECEIVED JUN 16 1998 # 8562 $50 cc

JUN 16 1998

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: June 12 1998	File No.:

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 10N Range 8E Section 9 1/4 Section NE
   Block _____ Lot _____ Addition _____
   Street Address 4201 N 148th St, Lincoln, NE 68527

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System:** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair:** ~~NEW DRAIN FIELD~~ -
   ADDING ADDITIONAL LATERALS

5. **Work to be done by:** ☐ owner ☒ contractor's name Waverly Plumbing & Well
   432-2923

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Gene Wallin Address 4201 N 148th St Phone 786-3426
Applicant Signature (owner or lessee) Gene Wallin

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 6/16/98 REVIEW: ☒ approved ☐ disapproved By: Gerald C. Hood

Site visits:
Date 8-21-98 By _____
Date _____ By _____
Date _____ By _____

Installation final written approval

Date 8-21-98 By Ron Mayfield

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH Pink - Business Office Revised 1/98

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

#1

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Address _____

Soil Type (SCS): Clay SHARPSBURG SILTY CLAY LOAM Percolation Rate: 32 min/inch

Date of Tests 5-4-98 to 5-5-98 Weather: Precipitation 1/2 Temperature 0

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	5-4	650	5-5	11PM	5-5	11PM	6	5-5	1130	30	1 1/4	24
2	36	5-4	650	5-5	11PM	5-5	11PM	6	5-5	1130	30	1	30
3	36	5-4	650	5-5	11PM	5-5	11PM	6	5-5	1130	30	1	30
4	36	5-4	650	5-5	11PM	5-5	11PM	6	5-5	1130	30	3/4	40
5	36	5-4	650	5-5	11PM	5-5	11PM	6	5-5	1130	30	3/4	40
6	36	5-4	650	5-5	11PM	5-5	11PM	6	5-5	1130	30	1	30

Sum of Percolation Rates: 194
Average of Rates: 32.33 MIN/IN
Rate Used for Calculation: 32.33 MIN/IN

Person Conducting Percolation Tests

Name: Brian Shafer
Phone: 464-0638
Address 2700 Deer Ave.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 16, 1998

Form 91 (Rev. 10-90)

JUN 16 1998

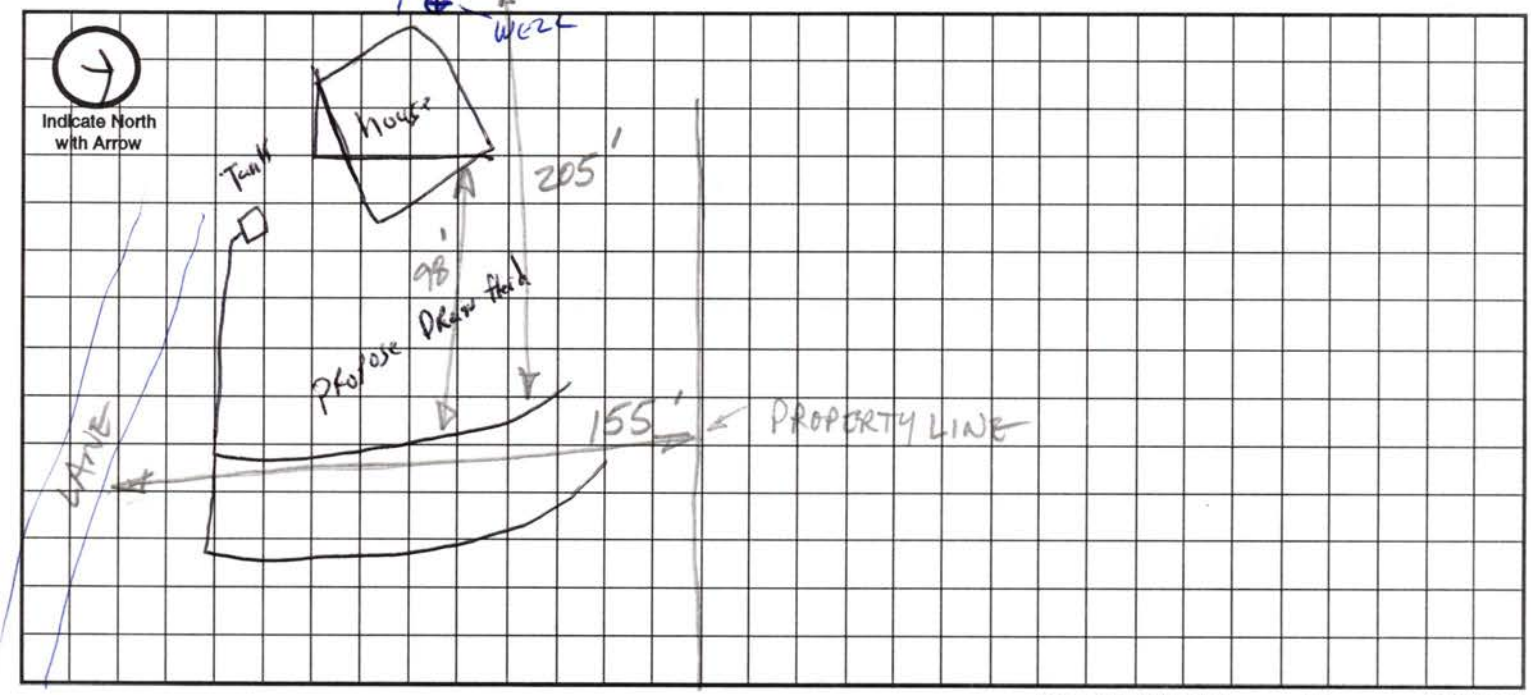
C

Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 4201 N 148th ST City LINCOLN NE, Zip 68527

B. ~~Proposed~~ Existing Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: 0 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 774 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 194 ft. Number of Trenches 2 Trench Width 4 FT.

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well N/A	Surface Water NA	Gound Water NA	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☐	50 ☐	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☐	50 ☐	4 ☐	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

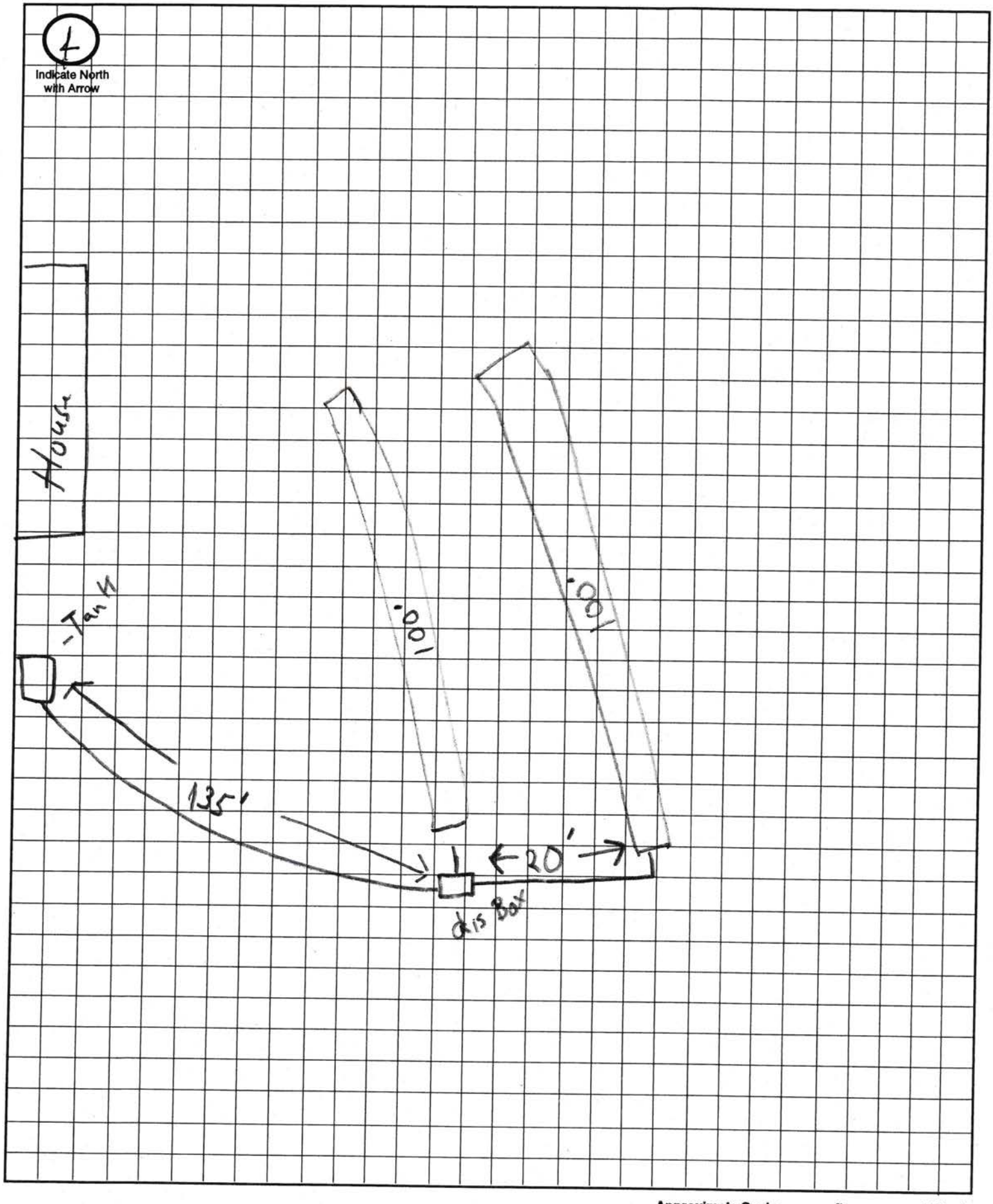
E. Required Signatures

Home Building Contractor N/A 30 y/o House Date _____

Installer Mike Dirty Date 6-8-98

FORM 23-102 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s